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An on-line course in critical mental health promotion: teaching and learning at multiple spheres of influence

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Abstract

Background: Supportive environments contribute to the mental health of individuals, local and global communities. Ways of thinking “critically” about what we know and ways of accomplishing mental health promotion work have a more contested history however. A critical perspective demands subjective awareness, and an openness to view the world from multiple perspectives. As such, a collaborative, international, and fully on-line course was developed between post-secondary educational institutions in Norway and Canada. This course intends to meet a need for critical awareness and understanding of the connection of diverse perspectives and environments to mental health promotion practices in the field. **Purpose:** Our study, of the development and implementation of an innovative critical mental health promotion course, was oriented around the following key questions: *How is capacity for critical mental health promotion awareness developed through an on-line international learning environment? And how can supportive learning environments reshape mental health support across international borders?* Our goal was to explore the work of students and faculty with the tensions that dominate current mental health promotion. This course began from the diverse locations, experiences and approaches of our students as important sites of critical exploration. Through the virtual world of electronic learning activities, students entered this diversity of worlds, and debated over the shape of health and mental health as notions themselves, as well as over the approaches that best produce support. Most importantly, students debated over the distribution of power, justice, and social and economic advantage held within mental health and various approaches to promoting mental health. **Method:** The overall approach was based on action research using collaborative enquiry of the case study of our pilot course offering. The enquiry was conducted over 3 years of course development and pilot course delivery. **Results:** Ultimately, through our reflection and study of the critical learning approaches in action, we were able to explore what supportive environments for mental health are and what particular approaches “do” locally and globally. Further we were able to reorient mental health promotion work through network building in ways that may potentially change nursing practice. **Conclusions:** The results and lessons learned, from development to implementation of an on-line collaborative international mental health promotion course, expanded the capacities of nursing programs, educational institutions, faculty and students, and expanded what can be known about supportive environments for mental health.

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Open access under [CC BY-NC-ND license](https://creativecommons.org/licenses/by-nc-nd/4.0/).**Keywords:** *Mental Health Promotion, Multiple Spheres of Influence, On-line learning, Internationalisation*

1. Introduction

This paper reflects research, as well as course design, development and implementation collaboratively undertaken at our School of Nursing in Canada with our partners at Hedmark University in Norway. This is work that has, at its core, a critical examination of mental health promotion approaches. In our view this has been a neglected population

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which is often marginalized within our societies, as well as neglected in research and policy activity. Certainly most discussions about the restructuring of the mental health system world-wide neglect to identify the multiple spheres of influence, tensions, realities and limitations that individuals, families, communities, professional care-givers, and policy and decision-makers often encounter when working to promote the health and well-being of this marginalized and disenfranchised population.

In a neoliberal framework, social exclusion and poverty are understood as rooted in individual's behaviours, knowledge and attitudes. Mental health promotion approaches are therefore ones of problem solving, control/protection, and fostering self-sufficiency for inclusion into "regular" society. The critical, ecological, social change approach was used in the course to expand student perceptions of the influences on mental health and interventions for mental health promotion. Wallace and Hellmudt (2003) showed how learning environments, where students participate in critical thinking and dialogue, foster internationalization and collaboration outside of disciplinary knowledge.

Our central question/tension in *this* analysis is one that we believe preoccupies many of us at this time - how to find opportunities for new and innovative thinking in increasingly globalized and networked world, and ultimately strengthen networks of support for mental health in the context of everyday realities.

2. Analytic Approach to a Pilot Course Offering

This analysis is based on a case study approach (Hentz, 2011) and reflections from a pilot offering of a model of on-line learning for mental health promotion. This course model is one that relies heavily upon the analysis of supportive networks alongside network building. It evolved in response to trends towards internationalization of curriculum. This collaborative approach to teaching and learning facilitated an on-line community network which intended to foster critical mental health promotion with an emphasis on human rights oriented practice, as well as approaches for social inclusion and empowerment.

In the words of one of the course developers:

"the on-line network of the course models a supportive environment for mental health, students both get to learn about supportive network building, as well as participate in such a network, although for the purposes of their learning rather than the promotion of their health".

The course was developed to incorporate multiple spheres of influence: interpersonal, community and global/political. Contexts, issues, and processes of balance between problem solving and empowerment, integration and inclusion and protection and liberation were central to the course blueprint, all in an effort to explore alternative voices and make space for non-dominant experiences.

3. An Innovative Course On Critical Mental Health Promotion

This course began from the diverse locations and experiences of international course writers and educational technology experts, and sought to incorporate the approaches and locations of our students as sites of critical exploration of mental health promotion. Our goal was to inspire student learning through a fully on-line exploration of three particular tensions that dominate current mental health promotion: problem solving and empowerment, integration and inclusion, as well as protection and liberation. This course was not designed exclusively for students in nursing or in developed Western and/or European educational programs. Indeed, the pilot experiences in the course have demonstrated that a broader audience outside of the field of nursing and outward to middle and low-income countries would be appropriate.

The challenges facing those with mental illness and the issues of supporting mental health promotion are experienced internationally and include widespread social exclusion and denial of basic human rights (Lewis, 2009). The challenges that drive people with mental illness into vicious circles of poverty and relapsing illness, and support stigma and marginalization are reinforced in the mental health system – a system that is moving away from the progressive empowerment models introduced in the 80s and 90s towards ‘professionally controlled community treatment models’ that emphasize the bio-medical causes of mental illness over contributing social and structural factors (Nelson, Lord, & Ochocka, 2001; Wilton, 2004). Therefore, critical examination and student engagement in the challenges of fostering supportive environments for mental health is timely.

4. Findings and Evaluation of Pilot Course Experiences

Through the virtual world of electronic learning, students engaged with international classmates around global mental health promotion practice. They debated over the shape of health and mental health as notions themselves, as well as over the approaches in the balance of problem solving and empowerment, integration and inclusion, and protection and liberation that best produce support in different circumstances. In one key learning activity they were asked to look at a mapping of mental health issues and policies through the WHO’s on-line “world mental health atlas” (WHO, 2011). This exercise enabled students to reflect on practices of health and mental health in different geographic locations – for instance mental health legislation and policies in different nations, the influencing factors and potential outcomes. This activity, and others including on-line film and case-studies, asked the students to think about things like the distribution of power, justice and equity.

Students reflected on their learning experiences in a closing discussion “blog”. Some of the comments illustrate how they felt they were able to ask challenging questions of mental health promotion to learn what was shaping mental health practice and in doing so, shifted some of their own assumptions about how best to approach their practice. Stated Elisa (pseudonyms used):

“I plan on sustaining the learning I have accomplished within the micro sphere by educating those around me about the information I have learned so that I am able to transfer my knowledge on to others and increase mental health awareness. I hope in my future learning and professional work that I will be able to build upon the spheres of influence and approaches I have learned through this course and gain more knowledge on how to better support individuals with mental illnesses and better educate our society about the facts surrounding mental health in the hopes of decreasing the stigma.”

Unanticipated ideas that surfaced in the students debates were the depth of their reflection on comparing and contrasting world mental health situation through the WHO’s on-line mental health atlas. For students engaged in a networked and global world, activities encouraging more in-depth reflection on the health promotion impacts of global activity were what some students called “a whole other level of learning”. Sarina’s comment on the mental health atlas mapping activity reveals the eye-opening experience of reflecting upon differing budgets to finance mental health world-wide:

“It was nice to see that many countries did have a budget for mental health. However I can see that the budget for mental health is often very small, relative to other health and social policies and certainly compared to other spending – for instance military spending, when in fact mental health is such an important aspect of a holistic view of health of an individual, nation and society”.

Given an opportunity to reflect and have a voice about what they could seek and find about the promotion of mental health, students rose to the challenge. Similarly, when asked about whether integrating people with mental health challenges into existing policy and practices or including the voices and needs of these patients and families students were able to reflect on circumstances and examples at the community and international domains.

5. Discussion and Concluding Questions

In their learning activities, students were able to find examples of social exclusion resulting from structural problems (class, status and power) and identify solutions as enforcing rights of citizenship, inclusion (through universal access to programs), and empowerment approaches. Through these activities faculty realized that supportive environments could be re-imagined if students explored real time supportive networks, learned more about mental health promotion and advocacy happening at interpersonal, local and international levels, and shared their learning on-line. Re-imagining the supportive environment in our case study included student blogs, public service announcements, posters and their pursuits of numerous networks in operation world-wide.

This network building strategy for teaching and learning about mental health promotion is, in our view, an effective model in shaping critical mental health promoting environments. Building an on-line network and searching and reflecting upon on-line mental health promotion examples, points the way to more developments in teaching and research for mental health promotion internationally. Further evaluation, with respect to how students uniquely experience and fare as a result of their participation in this model of learning; the impact of student networking and connections for their later nursing practice and development of innovations will be beneficial. In particular, the strategy of finding spaces in the neoliberal agenda and discourse for critical examination of approaches to mental health promotion will be valuable to move mental health practice forward. Next steps in course development and research may include expanded evaluation of the outcomes for clinical practice based on the study of critical mental health promotion. Particular assessment of students' ability to advocate and contribute to mental health promotion at interpersonal, community and global levels could be examined in future research. This is not to say that this should replace other work that is trying to influence mental health policy, however this case example demonstrates one opportunity for shaping critical mental health promotion practitioners.

We want to conclude with the following questions for reflection and future exploration:

- How might the mental health and educational systems better support the development of collaborative networks that foster critique and the development of a highly reflective mental health promotion practice?
- What is the best way to foster critique and the development of highly reflective mental health promotion practice?
- What kind of practitioner in mental health do we need and what is the best way to prepare them?
- What are strategies that connect nurses/students/practitioners in supportive environments for mental health? And what are the challenges to building these networks?

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